

## State of Washington Conservation Districts Application for Employment

Please type or print 1. Title of Position for which you are applying (One position/class only) 2. Name (Last) (First) (Middle) 3. Present Address 4. Home Telephone No. 5. Business Telephone No. 6. Social Security No. (voluntary\*) 7. If the address in block 3 is not your permanent address, where can you be contacted? 8. If you have skills or experience gained through hobbies, volunteer work, etc., which you believe are relevant to the position for which you are applying, please describe here: **Education and Training** 9. Have you graduated from High School or passed the General Education Development Test in lieu of High School **Graduation?** No 10. If you answered No to the above question, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 11. Colleges, Nursing, Business, or other school(s) attended: Credits Earned Name and **Quarter/Semester** Graduated Dates Major or subjects taken Other Degree Attended Yes/No Yĕar Location hours

12. If you are applying for a position that requires a valid Washington State Drivers License, please indicate whether you have such a license  $\Box$  Yes  $\Box$  No

<sup>\*</sup>To sort your application from those of persons having similar names, the Social Security Number is used. Disclosure of your Social Security Number is voluntary. If you elect not to enter it, no benefit will be denied.

13. Employment History (If more space is re	· · · · · · · · · · · · · · · · · · ·	L /
Last or Present Job (start with last or prese		From Mouth Year
Employing firm or agency	<del></del>	— To
Phone No.		Month Veer
Employer's Address		Hours worked per week
Your Title		Total time Employed
Specific Duties		Years Months
		Last Salary hr/wk/mnth/yr
Nur Reason for leaving	nber of employees supervised	Supervisor
Reason for leaving		
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Last or Present Job (start with last or prese Employing firm or agency		From
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Vous Title		Total time Employed
Your Title Specific Duties		Years Months
		Last Salary
		hr/wk/mnth/ve
Nu Reason for leaving	mber of employees supervised	Supervisor
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Last or Present Job (start with last or prese	nt position and words had severed)	
		FromMonth Year
Employing firm or agency	<del></del> -	То
Phone No.		Month Year
Employer's Address		Hours worked per week
		Total time Employed
Specific Duties		Years Months
		Last Salaryhr/wk/mnth/yr
Nu	mber of employees supervised	
Reason for leaving		
9		I none ivo.
	Affirmative Action Program	
14. To assist and be considered in this program	n, you are requested to voluntarily answe	er the following questions. Your answers
will be treated as confidential		
a. Please state your race or origin:	C1 P1-	
b. Please indicate your sex:   Male		
	roblem which should be taken into accou	
Yes  No	roblem which should be taken into accou	ınt in determining job placement?
If yes, please indicate the handicap or heal	th problem	
in yes, please indicate the nandicap of near	ren bi opieni:	
-		
4 F Y A		
15. If you have served in the Armed Forces wi	thin the past 8 years, you may be eligible	for Veterans' Preference. If you claim
Veterans' Preference, check below and att		<b>.</b>
	☐ Veterans' Preference	
16. Have you been convicted of a felony crim	ne within the last seven years which	may affect your ability to perform the
duties of the job for which you are apply 17. How did you learn of the position for where the position for which is the position for the	ying? ∐ Yes ∐ No Remarks hich you are applying?	
Answers and statements are true and complete to for rejection of my application, and removal of my		
(Data)	(0' )	
(Date)	(Signature)	